

OFFICE OF THE CHIEF OF POLICE

SPECIAL ORDER NO. 24

December 28, 2012

SUBJECT: **AUTHORIZATION TO RELEASE MEDICAL INFORMATION,
FORM 05.03.00 - REVISED; AND DEPARTMENT MANUAL
SECTION 4/210.29, AUTHORIZATION TO RELEASE MEDICAL
INFORMATION - REVISED**

PURPOSE: This Order revises the Authorization to Release Medical Information, Form 05.03.00, to comply with the requirement of the Federal Health Information Portability and Accountability Act (HIPAA) of 1996, the State of California Confidentiality of Medical Information Act (CMIA) of 2006, and California Civil Code Section 56.11(a), concerning how law enforcement personnel may obtain medical information from any arrestee/suspect (whether in custody or not), victim, witness, any person who receives medical treatment at a Department facility, or from any Department employee. Additionally, this Order amends Section 4/210.29, *Authorization to Release Medical Information*, of the Department Manual.

PROCEDURE:

**I. AUTHORIZATION TO RELEASE MEDICAL INFORMATION,
FORM 05.03.00 - REVISED.** The Authorization to Release Medical Information, Form 05.03.00, has been revised to comply with the California Civil Code Section 56.11(a) requirement that an authorization for the release of medical information be in a typeface no smaller than 14-point type.

Additionally, to conform to the HIPAA Privacy Rule and the State of California Confidentiality of Medical Information Act of 2006, the line in the second checkbox of the form has been changed to read:

"I authorize the Medical Services Division of the City of Los Angeles to release my medical records that were generated while I was an arrestee/suspect (whether in custody or not), or a victim, or a witness at..."

A. Use of Form. This form shall be used to obtain the authorization for the release of medical information from any arrestee, suspect (whether in custody or not), victim, witness, any person who receives medical treatment at a Department or private medical facility, or from any Department employee.

B. Completion. The completion of this form remains the same; however, if the subject of the request is a juvenile (below 18 years of age) and the individual is not an emancipated minor, an officer shall provide the Authorization to Release Medical Information form to the juvenile's parent or legal guardian. The juvenile's parent or legal guardian shall be asked to sign the form on behalf of the juvenile and check the appropriate box below the signature.

The distribution of this form remains unchanged.

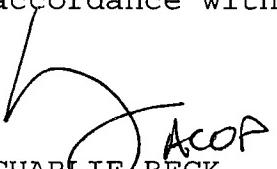
II. DEPARTMENT MANUAL SECTION 4/210.29, AUTHORIZATION TO RELEASE MEDICAL INFORMATION – REVISED. Department Manual Section 4/210.29, *Authorization to Release Medical Information*, has been revised as follows:

Investigating officers seeking authorization for the release of medical information from any arrestee, suspect (whether in custody or not), victim, or witness shall complete an Authorization to Release Medical Information, Form 05.03.00, and adhere to the guidelines delineated in the Form Use Link in Volume V of the Department Manual or in the LAPD E-Forms.

FORM AVAILABILITY: The revised Authorization to Release Medical Information form is available in LAPD E-Forms on the Department's Local Area Network. All other versions of the form shall be marked "obsolete" and placed into the divisional recycling bin. A copy of the form is attached for immediate use and duplication.

AMENDMENTS: This Order amends Section 4/210.29 of the Department Manual and revises the Authorization to Release Medical Information form.

AUDIT RESPONSIBILITY: The Commanding Officer, Internal Audits and Inspections Division, shall review this directive and determine whether an audit or inspection shall be conducted in accordance with Department Manual Section 0/080.30.


CHARLIE BECK
Chief of Police

Attachment

DISTRIBUTION "D"

LOS ANGELES POLICE DEPARTMENT

Authorization to Release Medical Information

This authorization for disclosure of medical information is being requested from you in conformance with the requirements of the California Confidentiality of Medical Information Act [Civil Code Section 56 et seq.] and [45 C.F.R. Section 164.508].

Your information:

Last Name	First Name	MI	DOB	Booking No.

Address	City	State	ZIP	DR No.

Check and complete one:

I authorize the release of the medical records from the listed facility/facilities to the Los Angeles Police Department:

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I authorize the Medical Services Division of the City of Los Angeles to release to the Los Angeles Police Department, my medical records that were generated while I was an arrestee/suspect (whether in custody or not), or a victim, or a witness at:

from	to
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Description of the information to be released (description must be as specific and meaningful as possible [C.F.R. 164.508(c)(i)], do not write "all" or "medical information").

Note: The disclosed information is not protected by law and is subject to redisclosure.

Expiration (check and complete one):

This authorization for release of information will expire on: _____

This authorization will expire upon termination of the following event or occurrence (e.g., criminal, civil or administrative proceedings related to arrest):

I understand that: The entity receiving the information may use the information for any lawful purpose subject to No Limitation Limitations as follows:

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- * I have a right to receive a copy of this release.
- * I have a right to revoke my authorization in writing at anytime, except where the information was relied on or could have been obtained through other lawful means (e.g., law enforcement exceptions). A written request to revoke must be submitted to:
*Los Angeles Police Department, Professional Standards Bureau,
304 S. Broadway, Suite 200, Los Angeles, CA 90013.*

Printed Name: _____ Signature: _____ Date Signed: _____

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- Signed by self.
 Signed by authorized representative. Capacity (e.g., power of attorney, etc.).
 Signed by parent or legal guardian if subject is under 18 years of age and subject is not an emancipated minor.

Authorization to Release Medical Information

Form 05.03.00 – Completion Instructions

The Authorization to Release Medical Information, Form 05.03.00, is to be completed by the arrestee, suspect, victim, or witness (referred here as the "subject") to give consent prior to any release of his/her protected health information.

Your information: Enter the subject's last name, first name, middle initial (*MI*), date of birth (*DOB*), and address (street number, street name, City, State, Zip Code). (Leave the Booking No. and DR No. boxes blank.)

Check and complete one:

- Box #1 ("*I authorize the release... to the Los Angeles Police Department:*") – Check this box if the subject is authorizing the release of his/her medical records to the Los Angeles Police Department (LAPD). Subject must indicate or list the facility/facilities where he/she is authorizing release of medical information from.
- Box #2 ("*I authorize the Medical... or a witness at:*") – Check this box if the subject is authorizing the Medical Services Division of the City of Los Angeles to release his/her medical records that were generated while he/she was an arrestee/suspect (whether in custody or not), or a victim, or a witness [Indicate the facility/facilities and the inclusive dates ("from", "to") in the corresponding rectangular boxes].

Description of the information to be released: The subject is to provide as specific and meaningful description of the information to be released (e.g., broken arm as a result of ...). *Do not write "all" or "medical information."*

Note: *The disclosed information is not protected by law and is subject to redisclosure.*

Expiration (check and complete one):

- Box #1 – Check this box if the authorization for the release of the medical information has an expiration date. Indicate the expiration date in the rectangular box.
- Box #2 – Check this box if the authorization is set to expire or terminate upon an occurrence of an event. Indicate the event or occurrence that will terminate the authorization (e.g., settlement of criminal proceedings related to File No. or Case No. ____).

I understand that: The subject must understand that the entity receiving the information may use such information for any lawful purpose except for the following limitations indicated by him/her:

- Box #1 (No Limitation) - Check this box if there is no limitation to the above premise.
- Box #2 (Limitations as follows:) - Check this box and indicate in the long rectangular box (immediately following), the limitations to the above premise.

The subject has:

- The right to receive a copy of the release(s).
- The right to revoke this authorization at any time, except where the information was relied on or could have been obtained through other lawful means (e.g., law enforcement exceptions). A written request to revoke must be submitted to:

Los Angeles Police Department, Professional Standards Bureau
304 S. Broadway, Suite 200, Los Angeles, CA 90013

Signature: Print the first name and last name of the person completing/signing this form; affix his/her own signature; indicate the date the form was signed; and, put a check mark on one of the following boxes accordingly:

- Box #1 – Check this box if the person who signed the form is the arrestee/suspect/victim/witness (subject).
- Box #2 – Check this box if the person who signed the form is the authorized representative (power of attorney).
- Box #3 – Check this box if the person who signed the form is the parent or legal guardian of the subject who is under 18 years of age and the subject is not an emancipated minor.